

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL RESEARCH SERVICE
OFFICE OF SCIENTIFIC QUALITY REVIEW

Form Approved:
OMB No. 0518-0028
Expiration Date: 09/30/2003

INVOICE—REQUEST FOR STIPEND

National Program		Panel Dates	
		From:	To:
The work required under Requisition No. _____ has now been completed. I am hereby requesting payment of \$ _____ under the above-referenced requisition. The payment should be sent as follows:			
Full Name	Title	Social Security Number	
Home Address *		Contact Information	
		Business Phone No.	
Signature	Date	Business FAX No.	
		Email Address	

Please return this signed original to: **USDA/ARS/OSQR, 5601 Sunnyside Avenue, Mail Stop 5142, Beltsville, MD 20705-5142** within 10 days following the Panel Meeting.

PRIVACY ACT STATEMENT: The authority to collect personal information on this form is derived from Title 5, U.S.C. 301. The collected information will be used to process claims for reimbursement. We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. Failure to give us your SSN or any other information requested will result in denial of your expense reimbursement claim.

BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0518-0028. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.